



High School Scholarship Application

\$1000.00 scholarship awarded at each High School

Please return by April 15th

Name: _____

Parent's or guardian's names _____

Address: _____

Family Information:

Father or male guardian's occupation: _____

Mother or female guardian's occupation: _____

Number of brothers: _____

Mondovi

Number of Sisters: _____

Osseo-Fairchild

Siblings living at home: _____

Cochrane-Fountain City

Which school do you
attend?

Eleva-Strum

Gilmanton

Please describe the extracurricular activities you participated in during high school (both school sponsored and other)

Education Plans:

Name of School you plan to attend:

Major Field of interest:

Anticipated number of years to complete:

High School GPA:

Employment experience:

Please describe in your own words why you have chosen this field and what your future goals include:

Student Statement – This is a narrative prepared by the student that would be designed to convince the committee at Alliance Bank why you should receive this scholarship.

Please provide any additional information that you would like the selection committee to know.

Signature: _____ Date: _____

Must be signed by an adult student (18 years of age or older) or by a parent or guardian of a minor student. By signing, the applicant is given authorization to verify any information provided with his/her high school office.